

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Ronald C. Hansen ADDRESS 880 Tyler Way
Sparks, NV 89431
 2. LOCATION 1/4 Sec. 17 T. 18N. N/S R. 19 E. Washoe County
 PERMIT NO. 350 TENAYA LANE, VERDI

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other AIR

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown boulders, sand and clay; 1"-fine		0'	28'	28'
Black-brown boulders, cobbles and clay; 1"-fine		28'	50'	22'
Brown-green-gray sand and gravel; 3/4"-fine. First encountered water.		50'	97'	47'
Blue clay; 1/4"-fine		97'	225'	128'
Blue clay; fine		225'	260'	35'
Black coal; fine		260'	285'	25'
Blue clay and gravel; fine		285'	300'	15'

8. WELL CONSTRUCTION
 Diameter hole 6 inches Total depth 300 feet
 Casing record 0 - 98' x 6 5/8" O.D.
 Weight per foot 98' - 220' x 5" O.D. Thickness 12.89
 Diameter 10 inches From 0 feet To 188 feet
8 1/2 inches 50 feet 300 feet
 _____ inches _____ feet _____ feet
 _____ inches _____ feet _____ feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Transit Mix
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Factory cut
 Size perforation 1/8" x 2 1/2"
 From 200 feet to 300 feet
 From _____ feet to _____ feet

Date started May 22, 1978
 Date completed May 23, 1978

9. WATER LEVEL
 Static water level 45 Feet below land surface
 Flow _____ G.P.M.
 Water temperature Cold °F. Quality Not Tested

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
AIR BLOWN	10 GPM @	300' depth	

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name W. L. McDONALD & COMPANY, INC.
 Address P. O. Box 404, Sparks, NV 89431
 Nevada contractor's license number 9767
 Nevada driller's license number 805
 Signed Tony Betita by W.L. McDonald
 Date May 31, 1978

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours